

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Continuation  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: SURGICAL CLAMP PADS HAVING  
SURFACE OVERLAY  
Attorney Docket Number:: 506512000801  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 6  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Terrence  
Family Name:: BUELNA  
City of Residence:: Santa Barbara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1424 La Vereda Lane  
City of mailing address:: Santa Barbara  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 93108

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Adam  
Family Name:: GOLD  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 255 B Fair Oaks Street  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94110

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Philip  
Family Name:: PESTA  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 11841 Southwood Drive  
City of mailing address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Family Name:: ORLANDO

City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 6110 Elmbridge Drive  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95129

#### **Correspondence Information**

Correspondence Customer Number:: 20872

#### **Representative Information**

Representative Customer Number:: 20872

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/645,458	08/24/00

#### **Assignee Information**

Assignee name:: NOVARE SURGICAL SYSTEMS, INC.  
10231 Bubb Road  
Cupertino, California 95014